(ii) The exemption is granted only to those products manufactured in their own factory under their own Registration Cer:ificate or in the factory of any other SSI units.

(iii) Unit Company availing exemp tion in violation of this Order shall be liable for penal action and to deposit dues to Government with, retrospective effect.

(No. 4(8)87-Pt.(IT)

SHYAMAL GHOSH, Jt. Secy.

Representation of Central Drug Control

547. DR. G. VIJAYA MOHAN REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Central Drugs Control is represented in a committee which recommends prices of formula-lions;

(b) whether it is also a fact that prices of a number of medicines covered under category I have not been revised based on present MAPE and latest fixed bulk drug prices;

fc) what are the names Of these medicines; and

(d) what are the reasons for non-fixation and what steps Government have taken to speed up the price fixation in the consumer interest?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRl MOTI LAL VORA): (a) Yes, Sir.

(b) to (d) The Department of Chemicals and Petrochemicals, which is concerned with these sub-questions, have informed that the Committee recommends prices of formulations under Drugs Price Control Order, 1987 to the Department of Chemicals and Petrochemical based On applications received and prices worked out by Bureau of Industrial Cost and Prices,

Overcharging of Rifampicin Drug

548. DR. G. VIJAYA MOHAN REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 4130 given in Rajya Sabha on 31st August 1988 and state:

(a) whether it is a fact that a number of complaints have been received against overcharging of prices of Rifampicin plus INH combination and bis Ministry is deliberately not acting o_n the complaints;

(b) whether it is a fact that prices of three packs of this combination which, were $bein_a$ overcharged earlier have been fixed in August 1988 only after the compIaints; .

(c) whether it is a fact that the prices of formulations have not been reduced at bulk drug price of Rs. 2,500/- fixed by ihe Government; and

(d) if so, what steps Government have taken in the TB patients' interest?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAl. VORA): (a) to (d) The prices of drugs are controlled under the provisions of Drugs (Trices Control) Order, 1987 by the Department of Chemicals.

This Ministry have not received any complaint regarding overcharging.

Utilisation of Ground Water

549. SHRI S. S. AHLUWALIA: Will the Minister of WATER RESOURCES be pleased to state:

(a) whether Government had prior indi cations of a fair monsoon this year from the Meteorological Observations as also of probability of occurrence of widespread floods, particularly in traditionally flood prone regions as usual consequence follow ing severe droughts;

(b) if so, whether any crash program mes have been implemented to utilise these phenomena for augmenting the

ground water levels instead of allowing it only to sweep the top soil layers into the rivers; and

(c) if not, what are the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES (SHRIMATI KRISHNA SAHI): (a) to (c) Information is being collected and will be laid on the Table of the House.

Death of Students due to AIDS

550. SHRI S- S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

ia) wnether he is aware that a number oi students died of 'AIDS' in the country since 1980 onwards; if so, the year-wise number of Indian and Foreign students died separately in Delhi, Bihar and Madhya Pradesh particularly;

(b) what is the number of Indian and Foreign student;, who are still surviving on treatment;

(c) what and the reasons that Government have not been in position to check this disease in the country so far, inspite of various research Work done in this field; and

(d) what are the details of steps taken or proposed to be taken to eradicate this diselase in the country to the extent possible?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) to (d) Information is being collected and will be laid on the table of the Sabha.

Infant Mortality Rate

551. SHRI GURUDAS DAS GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Infant Mortality Rate (IMR) in the country is 105 per thousand, one of the highest in the world;

(b) whether it is also a fact that the IMR in rural India is 140 per thousand accounting for 30 per cent of all deaths in the country;

(c) what are the State$_s$ which are below national average and those which are over the average;

(d) what are the main reasons for such a high IMR rate and what are the concrete steps taken/proposed to control this proWerri: and

(e) what is the IMR In some of ***tha*** developing and developed countries indicating India's positio,, therein?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) and (b) The latest provisional estimate of Infant Mortality Rate as obtained 'from Sample Registration Systen of Registrar General of Indi$_a$ is 95 per thousand live biil'ns for the yeal 1987. The infant mortality rate as compared to some of the Asian [African countries is lower in India (Statement—I *See* below),

The infant molality rate is 104 for rural areas during the year 1987. The percentage Qf infant deaths (provisional) in rural areas to total deaths in the country is 24.8 for the year 1987.

(c) Tlie States of Assam, Bihar, Gujarat, Madhya Pradesh. Orissa, Rajasthan and Uttar Pradesh have infant mortality rate higher than the national level during 1987 and the States of Andhra Pradesh, Haryana. Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Maharash-! tra; Punjab. Tamil Nadu and West Bengal have infant mortality rate below the national level during the same year, as-given in Statement n. *(See* below).

(d) The main reasons for high infant mortality rate in the country are Prematurity, Disorders of respiratory system. Diarrhoea, Tetanus. Mal-Nutrition etc. The steps taken by the Government of India to control the infant mortality uv elude improvement of health infrastrue' ture, training of health manpower, health education, adoption of "risk approach*'.